

| UNITED STATES BANKRUPTCY DOCUMENT<br>NORTHERN DISTRICT OF ILLINOIS   |   | Page 1 of 62   |   |  |   |  |   |   |   |  |   |   |  |
|--|---|--|---|--|---|--|---|---|---|--|---|---|--|
| VOLUNTARY PETITION   |   |  |   |  |   |  |   |   |   |  |   |   |  |
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>White, Michael E</b>  |   | Name of Joint Debtor (Spouse) (Last, First, Middle):<br><b>White, Rhonda A</b>   |   |  |   |  |   |   |   |  |   |   |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):   |   | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):   |   |  |   |  |   |   |   |  |   |   |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>6654</b>   |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>7353</b>   |   |  |   |  |   |   |   |  |   |   |  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>433 W. Clark Street</b><br><b>Freeport, Illinois</b>   |   | Street Address of Joint Debtor (No. and Street, City, and State):<br><b>433 W. Clark Street</b><br><b>Freeport, Illinois</b>   |   |  |   |  |   |   |   |  |   |   |  |
| ZIP CODE <b>61032</b>  |   | ZIP CODE <b>61032</b>  |   |  |   |  |   |   |   |  |   |   |  |
| County of Residence or of the Principal Place of Business:<br><b>STEPHENSON</b>  |   | County of Residence or of the Principal Place of Business:<br><b>STEPHENSON</b>  |   |  |   |  |   |   |   |  |   |   |  |
| Mailing Address of Debtor (if different from street address):  |   | Mailing Address of Joint Debtor (if different from street address):  |   |  |   |  |   |   |   |  |   |   |  |
|  |   | ZIP CODE   |   |  |   |  |   |   |   |  |   |   |  |
| Location of Principal Assets of Business Debtor (if different from street address above):  |   |  |   |  |   |  |   |   |   |  |   |   |  |
|  |   | ZIP CODE   |   |  |   |  |   |   |   |  |   |   |  |
| <b>Type of Debtor</b><br>(Form of Organization)<br>(Check one box.)  |   | <b>Nature of Business</b><br>(Check one box.)  |   |  |   |  |   |   |   |  |   |   |  |
| <input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  |   | <input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other  |   |  |   |  |   |   |   |  |   |   |  |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding by, regarding, or against debtor is pending:  |   | <b>Tax-Exempt Entity</b><br>(Check box, if applicable.)<br><br><input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).  |   |  |   |  |   |   |   |  |   |   |  |
|  |   | <b>Nature of Debts</b><br>(Check one box.)<br><input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.  |   |  |   |  |   |   |   |  |   |   |  |
| <b>Filing Fee</b> (Check one box.)<br><br><input checked="" type="checkbox"/> Full Filing Fee attached.<br><br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.   |   | <b>Chapter 11 Debtors</b><br><b>Check one box:</b><br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br><br><b>Check if:</b><br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ).<br><br><b>Check all applicable boxes:</b><br><input type="checkbox"/> A plan is being filed with this petition.<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |   |  |   |  |   |   |   |  |   |   |  |
| <b>Statistical/Administrative Information</b>  |   |  |   |  |   |  |   |   |   |  |   |   |  |
| <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.  |   |  |   |  |   |  |   |   |   |  |   |   |  |
| <b>Estimated Number of Creditors</b><br><table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> 1-49</td> <td><input type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> Over 100,000</td> </tr> </table>  |   |  |   | <input checked="" type="checkbox"/> 1-49             | <input type="checkbox"/> 50-99                            | <input type="checkbox"/> 100-199                       | <input type="checkbox"/> 200-999                        | <input type="checkbox"/> 1,000-5,000                  | <input type="checkbox"/> 5,001-10,000                 | <input type="checkbox"/> 10,001-25,000                 | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000               | <input type="checkbox"/> Over 100,000          |
| <input checked="" type="checkbox"/> 1-49   | <input type="checkbox"/> 50-99                            | <input type="checkbox"/> 100-199   | <input type="checkbox"/> 200-999                  | <input type="checkbox"/> 1,000-5,000                 | <input type="checkbox"/> 5,001-10,000                     | <input type="checkbox"/> 10,001-25,000                 | <input type="checkbox"/> 25,001-50,000                  | <input type="checkbox"/> 50,001-100,000               | <input type="checkbox"/> Over 100,000                 |  |   |   |  |
| <b>Estimated Assets</b><br><table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>      |   |  |   | <input checked="" type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,001 to \$100,000            | <input type="checkbox"/> \$100,001 to \$500,000        | <input type="checkbox"/> \$500,001 to \$1 million       | <input type="checkbox"/> \$1,000,001 to \$10 million  | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |
| <input checked="" type="checkbox"/> \$0 to \$50,000  | <input type="checkbox"/> \$50,001 to \$100,000            | <input type="checkbox"/> \$100,001 to \$500,000  | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million     | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion        |  |   |   |  |
| <b>Estimated Liabilities</b><br><table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input checked="" type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table> |   |  |   | <input type="checkbox"/> \$0 to \$50,000             | <input checked="" type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$500,000        | <input type="checkbox"/> \$500,001 to \$1 million       | <input type="checkbox"/> \$1,000,001 to \$10 million  | <input type="checkbox"/> \$10,000,001 to \$50 million | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion |
| <input type="checkbox"/> \$0 to \$50,000   | <input checked="" type="checkbox"/> \$50,001 to \$100,000 | <input type="checkbox"/> \$100,001 to \$500,000  | <input type="checkbox"/> \$500,001 to \$1 million | <input type="checkbox"/> \$1,000,001 to \$10 million | <input type="checkbox"/> \$10,000,001 to \$50 million     | <input type="checkbox"/> \$50,000,001 to \$100 million | <input type="checkbox"/> \$100,000,001 to \$500 million | <input type="checkbox"/> \$500,000,001 to \$1 billion | <input type="checkbox"/> More than \$1 billion        |  |   |   |  |
| THIS SPACE IS FOR COURT USE ONLY   |   |  |   |  |   |  |   |   |   |  |   |   |  |

|  |               |  |              |                                      |
|--|---------------|--|--------------|--------------------------------------|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case.)</i>   |               | Document   | Page 2 of 62 | White, Michael E and White, Rhonda A |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)   |               |  |              |                                      |
| Location<br>Where Filed: <b>NONE</b>   | Case Number:  |  | Date Filed:  |                                      |
| Location<br>Where Filed:   | Case Number:  |  | Date Filed:  |                                      |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)  |               |  |              |                                      |
| Name of Debtor: <b>NONE</b>  | Case Number:  |  | Date Filed:  |                                      |
| District:  | Relationship: |  | Judge:       |                                      |
| <b>Exhibit A</b><br>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)   |               | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts.)<br><br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). |              |                                      |
| <input type="checkbox"/> Exhibit A is attached and made a part of this petition.   |               | X <u>s/Laura L McGarragan</u> <u>January 14, 2015</u><br><small>Signature of Attorney for Debtor(s) (Date)</small><br><b>Bar No.: 6199753</b>  |              |                                      |
| <b>Exhibit C</b><br>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?<br><br><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No.   |               |  |              |                                      |
| <b>Exhibit D</b><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)<br><br><input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.<br><br>If this is a joint petition:<br><input checked="" type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.  |               |  |              |                                      |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box.)<br><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.<br><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.  |               |  |              |                                      |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes.)<br><br><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)<br><br><small>(Name of landlord that obtained judgment)</small><br><br><small>(Address of landlord)</small><br><br><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and<br><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.<br><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).<br> |               |  |              |                                      |

|  |  |  |  |
|--|--|--|--|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case.)</i>   |  | Document   | Page 3 of 62<br>White, Michael E and White, Rhonda A |
| <b>Signatures</b>  |  |  |  |
| <b>Signature(s) of Debtor(s) (Individual/Joint)</b><br><p>I declare under penalty of perjury that the information provided in this petition is true and correct.<br/> [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.<br/> [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <b>s/Michael E White</b><br/> Signature of Debtor <b>Michael E White</b></p> <p>X <b>s/Rhonda A White</b><br/> Signature of Joint Debtor <b>Rhonda A White</b></p> <p>Telephone Number (if not represented by attorney)<br/> <b>January 14, 2015</b></p> <p>Date</p> |  | <b>Signature of a Foreign Representative</b><br><p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____<br/> (Signature of Foreign Representative)</p> <p>_____<br/> (Printed Name of Foreign Representative)</p> <p>_____<br/> Date</p>   |  |
| <b>Signature of Attorney*</b><br><p>X <b>s/Laura L McGarragan</b><br/> Signature of Attorney for Debtor(s) <b>Laura L McGarragan</b><br/> Printed Name of Attorney for Debtor(s) <b>McGarragan Law Offices</b><br/> Firm Name<br/> <b>1004 N. Main Street</b><br/> <b>Rockford, Illinois 61103</b><br/> Address<br/> <b>(815) 961-1111</b><br/> Telephone Number<br/> <b>January 14, 2015</b><br/> Date<br/> <b>Bar No.: 6199753</b><br/> <b>Fax: (815) 516-0541</b><br/> <b>E-mail: laura@mcgarraganlaw.com</b></p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>  |  | <b>Signature of Non-Attorney Bankruptcy Petition Preparer</b><br><p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____<br/> Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____<br/> Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____<br/> Address</p> <p>X _____<br/> Signature</p> <p>_____<br/> Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p> |  |
| <b>Signature of Debtor (Corporation/Partnership)</b><br><p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____<br/> Signature of Authorized Individual</p> <p>_____<br/> Printed Name of Authorized Individual</p> <p>_____<br/> Title of Authorized Individual</p> <p>_____<br/> Date</p>  |  |  |  |

**UNITED STATES BANKRUPTCY COURT**  
NORTHERN DISTRICT OF ILLINOIS

In re Michael E White , Rhonda A White  
Debtor

Case No. \_\_\_\_\_

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of:

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: s/Michael E White

Date: January 14, 2015

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**

In re Michael E White, Rhonda A White  
Debtor

Case No. \_\_\_\_\_

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

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*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

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Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Joint Debtor: s/Rhonda A White

Date: January 14, 2015

**In re Michael E White and Rhonda A White,****Debtor****Case No.****(If known)**

## **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

| <b>DESCRIPTION AND LOCATION OF PROPERTY</b> | <b>NATURE OF DEBTOR'S INTEREST IN PROPERTY</b> | <b>Husband, Wife, Joint, or Community</b> | <b>CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION</b> | <b>AMOUNT OF SECURED CLAIM</b> |
|---|--|---|---|--------------------------------|
| Primary Residence - Single Family Home      |  | J   | \$40,000.00   | \$33,000.00                    |
| Total ►                                     |  |   | \$40,000.00   |                                |

(Report also on Summary of Schedules.)

In re Michael E White and Rhonda A White,Debtor

Case No.

(If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| 1. Cash on hand.  |                  | Cash                                 | J                                     | \$40.00  |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | Checking                             | J                                     | \$150.00   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   | X                |                                      |                                       |  |
| 4. Household goods and furnishings, including audio, video, and computer equipment.   |                  | Furniture                            | J                                     | \$1,000.00   |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.   | X                |                                      |                                       |  |
| 6. Wearing apparel.   |                  | Clothing                             | J                                     | \$1,500.00   |
| 7. Furs and jewelry.  | X                |                                      |                                       |  |
| 8. Firearms and sports, photographic, and other hobby equipment.  | X                |                                      |                                       |  |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X                |                                      |                                       |  |

In re Michael E White and Rhonda A White,Debtor

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|---|---------------------------------------|---|
| 10. Annuities. Itemize and name each issuer.  | X                |   |                                       |   |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |                                       |   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |                                       |   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |   |                                       |   |
| 14. Interests in partnerships or joint ventures. Itemize.   | X                |   |                                       |   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |   |                                       |   |
| 16. Accounts receivable.  | X                |   |                                       |   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |   |                                       |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |   |                                       |   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.  | X                |   |                                       |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |   |                                       |   |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |                                       |   |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |                                       |   |

In re Michael E White and Rhonda A White,Debtor

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | Husband, Wife,<br>Joint, Or Community | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY, WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|---|---------------------------------------|---|
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |                                       |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |                                       |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2003 Chevy Silverado                    | J                                     | \$5,000.00  |
| 26. Boats, motors, and accessories.   | X                |   |                                       |   |
| 27. Aircraft and accessories.   | X                |   |                                       |   |
| 28. Office equipment, furnishings, and supplies.  | X                |   |                                       |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | X                |   |                                       |   |
| 30. Inventory.  | X                |   |                                       |   |
| 31. Animals.  | X                |   |                                       |   |
| 32. Crops - growing or harvested. Give particulars.   | X                |   |                                       |   |
| 33. Farming equipment and implements.   | X                |   |                                       |   |
| 34. Farm supplies, chemicals, and feed.   | X                |   |                                       |   |
| 35. Other personal property of any kind not already listed. Itemize.  | X                |   |                                       |   |

2 continuation sheets attached Total ►

\$7,690.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Michael E White and Rhonda A White,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box) Check if debtor claims a homestead exemption that exceeds  
\$155,675.\*

- 11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY            | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|------------------------------------|--------------------------------------|----------------------------|---|
| 433 W. Clark St Freeport Il. 61032 | 735 ILCS 5/12-901                    | \$7,000.00                 | \$40,000.00   |
| Cash                               | 735 ILCS 5/12-1001(b)                | \$40.00                    | \$40.00   |
| Checking                           | 735 ILCS 5/12-1001(b)                | \$150.00                   | \$150.00  |
| Furniture                          | 735 ILCS 5/12-1001(b)                | \$1,000.00                 | \$1,000.00  |
| Clothing                           | 735 ILCS 5/12-1001(a),(e)            | \$1,500.00                 | \$1,500.00  |
| 2003 Chevy Silverado               | 735 ILCS 5/12-1001(c)                | \$1,000.00                 | \$5,000.00  |

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Michael E White and Rhonda A White

Case No. \_\_\_\_\_

**Debtor**

**(If known)**

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER<br><i>(See Instructions Above.)</i> | CODEBTOR | HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN,<br>AND DESCRIPTION<br>AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------|------------------------------------|---|------------|--------------|----------|---|---------------------------|
| ACCOUNT NO. 0714<br><br>Fifth Third Bank<br>5050 Kingsley Dr.<br>Cincinnati, OH 45227                            |          | J                                  | First Mortgage<br><br>433 W. Clark St<br>Freeport II. 61032<br><br>VALUE \$ \$40,000.00                 |            |              |          | \$33,000.00   |                           |
| ACCOUNT NO. 3363<br><br>Springleaf Financial Services<br>1888 S. West Ave<br>Freeport, IL 61032                  |          | H                                  | Windows<br><br>Windows<br><br>VALUE \$ \$0.00   |            |              |          | \$1,450.00  |                           |
| ACCOUNT NO. 1338<br><br>Springleaf Financial Services<br>1888 S. West Ave<br>Freeport, IL 61032                  |          | J                                  | Purchase-Money Security Interest<br><br>2003 Chevy Silverado<br><br>VALUE \$ \$5,000.00                 |            |              |          | \$3,488.00  |                           |

1 continuation sheets attached

Subtotal ►  
(Total of this page)

Total ►  
(Use only on last page)

\$ 37,938.00 \$ 0.00

\$ \$  
(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

Sheet no. 1 of 1 continuation  
sheets attached to Schedule of  
Creditors Holding Secured  
Claims

Subtotal (s) ►  
(Total(s) of this page)

Total(s) ►  
(Use only on last page)

|    |                  |    |             |
|----|------------------|----|-------------|
| \$ | <b>10,107.38</b> | \$ | <b>0.00</b> |
|----|------------------|----|-------------|

(Report also on  
Summary of Schedules.) (If applicable, report also on  
Statistical Summary of Certain  
Liabilities and Related Data.)

In re

Michael E White and Rhonda A White,  
Debtor

Case No.

(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

#### Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**In re**

Michael E White and Rhonda A White,  
Debtor

**Case No.** \_\_\_\_\_  
*(if known)*

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

**Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

**Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i>           | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. <b>6238</b>  |          |  | Collection   |            |              |          | \$257.00           |
| <b>Advanced Call Center Technologies, LLC<br/>PO Box 9091<br/>Gray, TN 37615-9091</b>  |          |  |  |            |              |          |                    |
| Additional Contacts for Advanced Call Center Technologies, LLC<br>(6238):  |          |  |  |            |              |          |                    |
| <b>GECRB / JC Penney<br/>PO Box 965007<br/>Orlando, FL 32896-5007</b>  |          |  |  |            |              |          |                    |
| ACCOUNT NO. <b>8890</b>  |          | W  | Collection   |            |              |          | \$708.00           |
| <b>AllianceOne Receivables Management, Inc.<br/>PO Box 3111<br/>Southeastern, PA 19398-3111<br/>Full Account No.: 25258890</b> |          |  |  |            |              |          |                    |
| <b>Notes: Addl. acct. #: 25242283</b>  |          |  |  |            |              |          |                    |

|            |                  |
|------------|------------------|
| Subtotal ► | \$ <b>965.00</b> |
| Total ►    | \$               |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
|---|----------|--|--|------------|--------------|----------|--------------------|

Additional Contacts for AllianceOne Receivables Management, Inc.  
(8890):

Capital One Bank Usa NA  
PO Box 30281  
Salt Lake City, UT 84130

|   |  |   |                  |  |  |  |         |
|---|--|---|------------------|--|--|--|---------|
| ACCOUNT NO. 0805  |  | H | General Services |  |  |  | \$33.83 |
| Allied Interstate LLC<br>PO Box 4000<br>Warrenton, VA 20188 |  |   |                  |  |  |  |         |

Notes: Reference No. 551079318279

Additional Contacts for Allied Interstate LLC (0805):

|  |  |   |                     |  |  |  |          |
|--|--|---|---------------------|--|--|--|----------|
| ACCOUNT NO. 9629   |  | H | Credit Card Charges |  |  |  | \$838.00 |
| ARM Accounts Receivable<br>Management, INC.<br>PO Box 129<br>Thorofare , NJ 08086-0129 |  |   |                     |  |  |  |          |

Sheet no. 1 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal► \$ **871.83**

Total►

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
|---|----------|--|--|------------|--------------|----------|--------------------|

Additional Contacts for ARM Accounts Receivable Management,  
INC. (9629):

Premier Bankcard, Inc.  
3820 N. Louise Ave.  
Sioux Falls, SD 57107

|  |  |   |            |  |  |  |            |
|--|--|---|------------|--|--|--|------------|
| ACCOUNT NO. otes   |  |   | Collection |  |  |  | \$3,324.00 |
| ARS National Services, Inc.<br>PO Box 463023<br>Escondido, CA 92046-3023 |  | W |            |  |  |  |            |

Notes: ARS acct. #s: 30321222, 30321939, 30217682, 30291515, 30292092.

Additional Contacts for ARS National Services, Inc. (otes):

Capital One Bank Usa NA  
PO Box 30281  
Salt Lake City, UT 84130

|   |  |   |                  |  |  |  |         |
|---|--|---|------------------|--|--|--|---------|
| ACCOUNT NO. 9300  |  |   | Medical Services |  |  |  | \$20.00 |
| Associated Collectors, Inc.<br>PO Box 1039<br>Janesville, WI 53547-1039 |  | W |                  |  |  |  |         |

Sheet no. 2 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal► \$ **3,344.00**

Total►

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
|---|----------|--|--|------------|--------------|----------|--------------------|

Additional Contacts for Associated Collectors, Inc. (9300):

**The Monroe Clinic Inc.**  
515 22nd Avenue  
Monroe, WI 53566

|                  |  |   |            |  |  |  |          |
|------------------|--|---|------------|--|--|--|----------|
| ACCOUNT NO. 8698 |  | H | Collection |  |  |  | \$442.00 |
|------------------|--|---|------------|--|--|--|----------|

Additional Contacts for Capital Management Services, LP (8698):

|  |  |
|--|--|
| Citibank New York State<br>PO Box 7013<br>Indianapolis, IN 46207 | LTD Financial Services<br>7322 Southwest Freeway<br>Suite 1600<br>Houston, TX 77074-2053 |
| Exxonmobil<br>5959 Las Colinas<br>Irving, TX 75039-2298          |  |

|                  |  |   |                     |  |  |  |            |
|------------------|--|---|---------------------|--|--|--|------------|
| ACCOUNT NO. 0850 |  | W | Credit Card Charges |  |  |  | \$2,860.25 |
|------------------|--|---|---------------------|--|--|--|------------|

Notes: Additional Accounts  
See Attachment 1 - Notes

Sheet no. 3 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal► \$ **3,302.25**

Total►

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
|---|----------|--|--|------------|--------------|----------|--------------------|

Additional Contacts for Capital One Services, LLC (0850):

**Firstsource Advantage,  
LLC**  
205 Bryant Woods South  
Amherst, NY 14228

|   |  |   |                     |  |  |  |            |
|---|--|---|---------------------|--|--|--|------------|
| ACCOUNT NO. 5337  |  | H | Credit Card Charges |  |  |  | \$3,497.99 |
| Notes: Additional account numbers<br>See Attachment 2 - Notes |  |   |                     |  |  |  |            |

Additional Contacts for Capital One Services, LLC (5337):

Nelson, Watson & Associates,  
LLC  
80 Merrimack Street, Lower Level  
Haverhill, MA 01830

Freedman Anselmo Lindberg, LLC  
1771 West Diehl RD  
Suite 150  
PO Box 3228  
Naperville, IL 60563-4947

|   |  |   |                     |  |  |  |          |
|---|--|---|---------------------|--|--|--|----------|
| ACCOUNT NO. 5337  |  | H | Credit Card Charges |  |  |  | \$159.00 |
| Capital One Services, LLC<br>PO Box 70886<br>Charlotte, NC 28272-9903 |  |   |                     |  |  |  |          |

Sheet no. 4 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal► \$ **3,656.99**

Total►

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re Michael E White and Rhonda A White  
Debtor

**Case No.** \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. 1367  |          |  |  |            |              |          |                    |
| CBA Collection Bureau<br>25954 Eden Landing Road<br>Hayward, CA 94545   |          |  |  |            |              |          |                    |
|   |          | H  | General Services   |            |              |          | \$632.00           |
| <b>Notes: Collections for Charter Communications</b>  |          |  |  |            |              |          |                    |
| ACCOUNT NO. 6247  |          |  |  |            |              |          |                    |
| Client Services, Inc.<br>3451 Harry S. Truman Blvd.<br>St. Charles, MT 63301-4047                             |          |  |  |            |              |          |                    |
|   |          | H  | Credit Card Charges  |            |              |          | \$2,607.00         |
| <b>Notes: Addl. acct. #: *****4384</b>  |          |  |  |            |              |          |                    |
| Additional Contacts for Client Services, Inc. (6247):   |          |  |  |            |              |          |                    |
| Comenity<br>Capital/DVDSBR<br>PO BOX 182120<br>Columbus, OH 43218   |          |  |  |            |              |          |                    |
| ACCOUNT NO. ****  |          |  |  |            |              |          |                    |
| Comenity Bank/Kingsize<br>PO Box 182789<br>Columbus, OH 43218   |          |  |  |            |              |          |                    |
|   |          | H  | Credit Card Charges  |            |              |          | \$100.00           |

Sheet no. 5 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ 3,339.00

Total ►

In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED        | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|-----------------|--------------------|
| <b>ACCOUNT NO. 7433</b><br><br>Comenity Capital Bank c/o<br>Bill Me Later<br>PO Box 5138<br>Timonium, MD 21094  |          | W  | Credit Card Charges  |            |              |                 | \$1,614.78         |
| <b>ACCOUNT NO. -989</b><br><br>Comenity Capital Bank/HSN<br>PO Box 659709<br>San Antonio, TX 78265-9707   |          | H  | Credit Card Charges  |            |              |                 | \$1,160.72         |
| Additional Contacts for Comenity Capital Bank/HSN (-989):<br><br>NRC Nations Recovery<br>Center, Inc<br>6491 Peachtree Industrial<br>Blvd<br>Atlanta , GA 30360                         |          |  |  |            |              |                 |                    |
| <b>ACCOUNT NO. 3935</b><br><br>Dental Connections<br>Applewhite IL PC<br>2661 W. Stephenson St.<br>Freeport, IL 61032   |          | H  | Dental Services  |            |              |                 | \$12.00            |
| Sheet no. <u>6</u> of <u>12</u> continuation sheets attached<br>to Schedule of Creditors Holding Unsecured<br>Nonpriority Claims  |          |  |  | Subtotal►  | \$           | <b>2,787.50</b> |                    |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |  |  | Total►     | \$           |                 |                    |

In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)       | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| <b>ACCOUNT NO. 7622</b><br><br>Diversified Consultants Inc.<br>Dba DCI<br>Jacksonville , FL 32256-0596              |          | W  | <b>General Services</b>  |            |              |          | \$584.00           |
| <b>Notes: Collections for sprint</b>  |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 5380</b><br><br>FHN Memorial Hospital<br>Central Business Office<br>PO Box 857<br>Freeport, IL 61032 |          | H  | <b>Medical Services</b>  |            |              |          | \$14.00            |
|   |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 7 61</b><br><br>GECRB / JC Penney<br>PO Box 960090<br>Orlando, FL 32896-0090                         |          | H  | <b>Credit Card Charges</b>   |            |              |          | \$651.23           |
|   |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 3 81</b><br><br>GECRB / JC Penney<br>PO Box 960090<br>Orlando, FL 32896-0090                         |          | W  | <b>Credit Card Charges</b>   |            |              |          | \$730.71           |
|   |          |  |  |            |              |          |                    |

Sheet no. 7 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal► \$ **1,979.94**

Total►

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

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In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                 | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| <b>ACCOUNT NO. 5575</b><br><br>GECRB/ Amazon.com<br>P.O. Box 960013<br>Orlando, FL 32896  |          | W  | <b>Credit Card Charges</b>   |            |              |          | \$637.00           |
| <b>ACCOUNT NO. 4584</b><br><br>Leading Edge Recovery<br>Solutions<br>PO Box 129<br>Linden, MI 48451-0129                                      |          | H  | <b>Credit Card Charges</b>   |            |              |          | \$458.81           |
| <b>Notes: Collection client reference *****4272</b>   |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 2497</b><br><br>MCM<br>8875 Aero Drive<br>Suite 200<br>San Diego, CA 92123   |          | H  | <b>Credit Card Charges</b>   |            |              |          | \$900.10           |
| <b>Notes: Collection</b>  |          |  |  |            |              |          |                    |
| Additional Contacts for MCM (2497):<br><br><b>Webbank/Fingerhut</b><br>Credit<br>215 S. State Street<br>Suite 800<br>Salt Lake City, UT 84111 |          |  |  |            |              |          |                    |

Sheet no. 8 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **1,995.91**

Total ►

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

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In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| <b>ACCOUNT NO. 0025</b><br><br>MCM Midland Credit Management, Inc.<br>8875 Aero Drive<br>San Diego, CA 92123  |          | W  | Collection   |            |              |          | \$637.52           |
| Additional Contacts for MCM Midland Credit Management, Inc. (0025):   |          |  |  |            |              |          |                    |
| GE Capital Retail Bank /<br>Amazon<br>P.O. Box 965013<br>Orlando, FL 32896-5013   |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 2927</b><br><br>Monarch Recovery Management, Inc.<br>10965 Decatur Rd.<br>Philadelphia, PA 19154-3210  |          | H  | Collection   |            |              |          | \$551.00           |
| Additional Contacts for Monarch Recovery Management, Inc. (2927):   |          |  |  |            |              |          |                    |
| Synchrony Bank<br>P.O. Box 965060<br>Orlando , FL 52896   |          |  |  |            |              |          |                    |
| Sheet no. <u>9</u> of <u>12</u> continuation sheets attached<br>to Schedule of Creditors Holding Unsecured<br>Nonpriority Claims  |          |  |  | Subtotal ► |              | \$       | <b>1,188.52</b>    |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |  |  | Total ►    |              | \$       |                    |

In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)               | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| <b>ACCOUNT NO. 0398</b><br><br>Monroe Clinic<br>2009 5th Street<br>Monroe, WI 53566-1575                                    |          | W  | Medical Services   |            |              |          | \$10.00            |
| <b>ACCOUNT NO. 7433</b><br><br>PayPal Credit<br>PO Box 105658<br>Atlanta, GA 30348-5658                                     |          | W  | Credit Card Charges  |            |              |          | \$1,720.00         |
| <b>Notes: Addl. acct. #: 6044 0710 3076 3185</b>  |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 4384</b><br><br>PayPal Credit<br>PO Box 105658<br>Atlanta, GA 30348-5658                                     |          | H  | Credit Card Charges  |            |              |          | \$2,695.00         |
| <b>Notes: Addl. acct . #: 6044 0710 3052 4272</b>   |          |  |  |            |              |          |                    |
| Additional Contacts for PayPal Credit (4384):<br><br>First Source Advantage,<br>LLC<br>PO Box 628<br>Buffalo, NY 14240-0628 |          |  |  |            |              |          |                    |

Sheet no. 10 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal► \$ **4,425.00**

Total►

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

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In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| <b>ACCOUNT NO. 2440</b>   |          |  |  |            |              |          |                    |
| <b>PennCredit<br/>916 S. 14th St<br/>PO Box 988<br/>Harrisburg, PA 17108-0988</b>                             |          |  |  |            |              |          |                    |
|   |          | <b>W</b>                                 | <b>General Services</b>  |            |              |          | <b>\$42.22</b>     |
| <b>Notes: Collection for Client Rodale</b>  |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 9976</b>   |          |  |  |            |              |          |                    |
| <b>Portfolio Recovery<br/>120 Corporate Blvd.<br/>Norfolk, VA 23502</b>                                       |          |  |  |            |              |          |                    |
|   |          | <b>H</b>                                 | <b>Credit Card Charges</b>   |            |              |          | <b>\$1,340.00</b>  |
| <b>Notes: Addl. acct. #: 6008895362106238, 6044071030763185</b>   |          |  |  |            |              |          |                    |
| <b>Additional Contacts for Portfolio Recovery (9976):</b>   |          |  |  |            |              |          |                    |
| <b>GECRB / JC Penney<br/>PO Box 965007<br/>Orlando, FL 32896-5007</b>   |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 7459</b>   |          |  |  |            |              |          |                    |
| <b>Rockford Mercantile<br/>2502 S. Alpine Road<br/>Rockford, IL 61108</b>                                     |          |  |  |            |              |          |                    |
|   |          | <b>W</b>                                 | <b>Collections for Freeport<br/>School District account<br/>ch5291 whiteky1000</b>                           |            |              |          | <b>\$111.00</b>    |

Sheet no. 11 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **1,493.22**

Total ►

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

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In re Michael E White and Rhonda A White,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| <b>ACCOUNT NO. 0379</b>   |          |  |  |            |              |          |                    |
| <b>Rushmore Service Center<br/>PO Box 5508<br/>Sioux Falls, SD 57117-5508</b>                                 |          |  |  |            |              |          |                    |
|   |          | <b>W</b>                                 | <b>Credit Card Charges</b>   |            |              |          | <b>\$817.73</b>    |
| <b>Notes: Collection for Premier Bankcard, LLC account 5178006415474446</b>                                   |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 9381</b>   |          |  |  |            |              |          |                    |
| <b>Rushmore Service Center<br/>PO Box 5508<br/>Sioux Falls, SD 57117-5508</b>                                 |          |  |  |            |              |          |                    |
|   |          | <b>H</b>                                 | <b>Credit Card Charges</b>   |            |              |          | <b>\$838.15</b>    |
| <b>Notes: Collections Premier Bankcard, LLC account 5178006415447350</b>                                      |          |  |  |            |              |          |                    |
| <b>ACCOUNT NO. 6195</b>   |          |  |  |            |              |          |                    |
| <b>SFC Of Illinois, L.P. d/b/a<br/>Security Finance<br/>423 West South Street<br/>Freeport, IL 61032</b>      |          |  |  |            |              |          |                    |
|   |          | <b>W</b>                                 | <b>Personal Loan</b>   |            |              |          | <b>\$1,300.00</b>  |
|   |          |  |  |            |              |          |                    |
|   |          |  |  |            |              |          |                    |
|   |          |  |  |            |              |          |                    |

Sheet no. 12 of 12 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **2,955.88**

Total ► \$ **32,305.04**

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

## **Attachment**

### **Attachment 1**

#### **Notes**

**5178059377269262  
5178057264548236  
5200940010609**

### **Attachment 2**

#### **Notes**

**5406330063977193  
5178057770270366  
517805724870\*\*\*\*\*  
5178057248700887**

**In re Michael E White and Rhonda A White,**  
**Debtor**

**Case No.** \_\_\_\_\_  
**(if known)**

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS,<br>INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND<br>NATURE OF DEBTOR'S INTEREST. STATE<br>WHETHER LEASE IS FOR NONRESIDENTIAL<br>REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT. |
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**In re Michael E White and Rhonda A White,**

**Debtor**

**Case No.**

(if known)

## **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
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Fill in this information to identify your case:

|  |                        |           |
|--|------------------------|-----------|
| Debtor 1   | <b>Michael E White</b> |           |
| First Name   | Middle Name            | Last Name |
| Debtor 2<br>(Spouse, if filing)  | <b>Rhonda A White</b>  |           |
| First Name   | Middle Name            | Last Name |
| United States Bankruptcy Court for: <b>Northern District of Illinois</b> |                        |           |
| Case number<br>(If known) _____  |                        |           |

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:  
 MM / DD / YYYY

## Official Form B 6l

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|                          | Debtor 1  | Debtor 2 or non-filing spouse   |
|--------------------------|---|---|
| Employment status        | <input type="checkbox"/> Employed<br><input checked="" type="checkbox"/> Not employed | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed |
| Occupation               | _____   |   |
| Employer's name          | Snak King   |   |
| Employer's address       | 16150 East Stephens Street<br>Number Street<br>_____                                  |   |
|                          | City  | State ZIP Code  |
| How long employed there? | City of Industry, CA 91745<br>State ZIP Code<br>4 years                               |   |

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

| For Debtor 1             | For Debtor 2 or non-filing spouse |
|--------------------------|-----------------------------------|
| 2. \$ _____              | \$ <u><b>2,206.58</b></u>         |
| 3. + \$ _____            | + \$ <u><b>200.20</b></u>         |
| 4. \$ <u><b>0.00</b></u> | \$ <u><b>2,406.78</b></u>         |

Debtor 1 Michael E White

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

|                               | For Debtor 1        | For Debtor 2 or<br>non-filing spouse |
|-------------------------------|---------------------|--------------------------------------|
| <b>Copy line 4 here .....</b> | <b>→ 4. \$ 0.00</b> | <b>\$ 2,406.78</b>                   |

**5. List all payroll deductions:**

|  |                   |                    |
|--|-------------------|--------------------|
| 5a. Tax, Medicare, and Social Security deductions                                      | 5a. \$ _____      | \$ 414.96          |
| 5b. Mandatory contributions for retirement plans                                       | 5b. \$ _____      | \$ 0.00            |
| 5c. Voluntary contributions for retirement plans                                       | 5c. \$ _____      | \$ 0.00            |
| 5d. Required repayments of retirement fund loans                                       | 5d. \$ _____      | \$ 0.00            |
| 5e. Insurance  | 5e. \$ _____      | \$ 0.00            |
| 5f. Domestic support obligations   | 5f. \$ _____      | \$ 0.00            |
| 5g. Union dues   | 5g. \$ _____      | \$ 0.00            |
| 5h. Other deductions. Specify: _____   | 5h. + \$ _____    | + \$ 82.44         |
| <b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | <b>6. \$ 0.00</b> | <b>\$ 497.40</b>   |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.          | <b>7. \$ 0.00</b> | <b>\$ 1,909.38</b> |

**8. List all other income regularly received:**

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ 0.00

8b. Interest and dividends

8b. \$ 0.00 \$ 0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00 \$ 0.00

8d. Unemployment compensation

8d. \$ 2,068.00 \$ 0.00

8e. Social Security

8e. \$ 0.00 \$ 0.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Specify: \_\_\_\_\_ 8f.

8g. Pension or retirement income

8g. \$ 0.00 \$ 0.00

8h. Other monthly income. Specify: \_\_\_\_\_

8h. + \$ \_\_\_\_\_ + \$ \_\_\_\_\_

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 2,068.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 2,068.00 + \$ 1,909.38 = \$ 3,977.38

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_ 11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,977.38

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

 No. Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

|  |                        |             |
|--|------------------------|-------------|
| Debtor 1   | <b>Michael E White</b> |             |
|  | First Name             | Middle Name |
|  | Last Name              |             |
| Debtor 2<br>(Spouse, if filing)  | <b>Rhonda A White</b>  |             |
|  | First Name             | Middle Name |
|  | Last Name              |             |
| United States Bankruptcy Court for: <b>Northern District of Illinois</b> |                        |             |
| Case number<br>(If known) _____  |                        |             |

Check if this is:

- An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:  
 MM / DD / YYYY  
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file a separate Schedule J.

##### 2. Do you have dependents?

| Do not list Debtor 1 and Debtor 2.  | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes. Fill out this information for each dependent..... | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you?  |
|-------------------------------------|---|--|-----------------|--|
| Do not state the dependents' names. |   | <u>son</u>                                       | <u>18</u>       | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
|                                     |   | <u>daughter</u>                                  | <u>14</u>       | <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes |
|                                     |   |  |                 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes            |
|                                     |   |  |                 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes            |
|                                     |   |  |                 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes            |

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

- No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

##### Your expenses

4. \$600.00

- If not included in line 4:
- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

|                     |
|---------------------|
| 4a. <u>\$0.00</u>   |
| 4b. <u>\$0.00</u>   |
| 4c. <u>\$100.00</u> |
| 4d. <u>\$0.00</u>   |

Debtor 1

**Michael E White**

First Name Middle Name

Last Name

Case number (if known)

**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. Utilities:

6a. Electricity, heat, natural gas

6b. Water, sewer, garbage collection

6c. Telephone, cell phone, Internet, satellite, and cable services

6d. Other. Specify: \_\_\_\_\_

6a. \$ 250.00

6b. \$ 50.00

6c. \$ 340.00

6d. \$ 0.00

7. Food and housekeeping supplies

7. \$ 600.00

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 100.00

10. Personal care products and services

10. \$ 100.00

11. Medical and dental expenses

11. \$ 240.00

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ 200.00

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 150.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 0.00

15b. Health insurance

15b. \$ 0.00

15c. Vehicle insurance

15c. \$ 131.00

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

16. \$ 0.00

Specify: \_\_\_\_\_

17. Installment or lease payments:

17a. Car payments for Vehicle 1

17a. \$ 300.00

17b. Car payments for Vehicle 2

17b. \$ 290.00

17c. Other. Specify: Vehicle 3

17c. \$ 238.00

17d. Other. Specify: \_\_\_\_\_

17d. \$ \_\_\_\_\_

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

19. \$ 0.00

Specify: \_\_\_\_\_

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property

20a. \$ 0.00

20b. Real estate taxes

20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance

20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0.00

20e. Homeowner's association or condominium dues

20e. \$ 0.00

Debtor 1

Michael E White

First Name Middle Name

Last Name

Case number (if known)

21. Other. Specify: \_\_\_\_\_

21. +\$0.00

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$3,689.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$3,977.38

23b. Copy your monthly expenses from line 22 above.

23b. -\$3,689.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$288.38

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**

---

In re

Case No. \_\_\_\_\_

**Michael E White and Rhonda A White**,  
*Debtor*

Chapter **7** \_\_\_\_\_

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS              | LIABILITIES         | OTHER              |
|---|----------------------|---------------|---------------------|---------------------|--------------------|
| A - Real Property   | <b>YES</b>           | <b>1</b>      | \$ <b>40,000.00</b> |                     |                    |
| B - Personal Property   | <b>YES</b>           | <b>3</b>      | \$ <b>7,690.00</b>  |                     |                    |
| C - Property Claimed<br>as Exempt   | <b>YES</b>           | <b>1</b>      |                     |                     |                    |
| D - Creditors Holding<br>Secured Claims   | <b>YES</b>           | <b>2</b>      |                     | \$ <b>48,045.38</b> |                    |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) | <b>YES</b>           | <b>2</b>      |                     | \$ <b>0.00</b>      |                    |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 | <b>YES</b>           | <b>14</b>     |                     | \$ <b>32,305.04</b> |                    |
| G - Executory Contracts and<br>Unexpired Leases                                       | <b>YES</b>           | <b>1</b>      |                     |                     |                    |
| H - Codebtors   | <b>YES</b>           | <b>1</b>      |                     |                     |                    |
| I - Current Income of<br>Individual Debtor(s)   | <b>YES</b>           | <b>2</b>      |                     |                     | \$ <b>3,977.38</b> |
| J - Current Expenditures of Individual<br>Debtors(s)                                  | <b>YES</b>           | <b>3</b>      |                     |                     | \$ <b>3,689.00</b> |
| <b>TOTAL</b>  |                      | <b>30</b>     | \$ <b>47,690.00</b> | \$ <b>80,350.42</b> |                    |

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**

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In re

Case No. \_\_\_\_\_

**Michael E White and Rhonda A White**,  
*Debtor*

Chapter **7** \_\_\_\_\_

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount         |
|---|----------------|
| Domestic Support Obligations (from Schedule E)  | \$ <b>0.00</b> |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$ <b>0.00</b> |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ <b>0.00</b> |
| Student Loan Obligations (from Schedule F)  | \$ <b>0.00</b> |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$ <b>0.00</b> |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$ <b>0.00</b> |
| <b>TOTAL</b>  | \$ <b>0.00</b> |

**State the following:**

|   |                    |
|---|--------------------|
| Average Income (from Schedule I, Line 12)   | \$ <b>3,977.38</b> |
| Average Expenses (from Schedule J, Line 22)   | \$ <b>3,689.00</b> |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 ) | \$ <b>2,406.80</b> |

**State the following:**

|  |                     |
|--|---------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               | \$ <b>0.00</b>      |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ <b>0.00</b>      |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | \$ <b>0.00</b>      |
| 4. Total from Schedule F   | \$ <b>32,305.04</b> |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               | \$ <b>32,305.04</b> |

In re **Michael E White and Rhonda A White**,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date January 14, 2015

Signature: s/Michael E White  
**Michael E White** Debtor

Date January 14, 2015

Signature: s/Rhonda A White  
**Rhonda A White** (Joint Debtor, if any)

[If joint case, both spouses must sign.]

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### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address \_\_\_\_\_

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

# UNITED STATES BANKRUPTCY COURT

## NORTHERN DISTRICT OF ILLINOIS

In re: Michael E White and Rhonda A White  
Debtor

Case No. \_\_\_\_\_  
(if known)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### AMOUNT

#### SOURCE

Debtor:

Current Year (2015):  
\$1,035.00  
\$0.00

Unemployment  
Employment YTD

Previous Year 1 (2014):

|            |              |
|------------|--------------|
| \$7,000.00 | Employment   |
| \$6,204.00 | Unemployment |

|  |            |
|--|------------|
| Previous Year 2 (2013):<br>\$36,459.00 | Employment |
|--|------------|

|                                  |                |
|----------------------------------|----------------|
| Joint Debtor:                    |                |
| Current Year (2015):<br>\$750.00 | Employment YTD |

|  |            |
|--|------------|
| Previous Year 1 (2014):<br>\$19,000.00 | Employment |
|--|------------|

|  |            |
|--|------------|
| Previous Year 2 (2013):<br>\$27,008.00 | Employment |
|--|------------|

## 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|--------|--------|
|--------|--------|

|                      |  |
|----------------------|--|
| Debtor:              |  |
| Current Year (2015): |  |

|                         |  |
|-------------------------|--|
| Previous Year 1 (2014): |  |
|-------------------------|--|

|                         |  |
|-------------------------|--|
| Previous Year 2 (2013): |  |
|-------------------------|--|

|               |  |
|---------------|--|
| Joint Debtor: |  |
| N/A           |  |

---

## 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|------------------------------|-------------------|-------------|--------------------|
|------------------------------|-------------------|-------------|--------------------|

Debtor:

Joint Debtor:

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/<br>TRANSFERS | AMOUNT PAID OR<br>VALUE OF<br>TRANSFERS | AMOUNT STILL<br>OWING |
|------------------------------|---------------------------------|---|-----------------------|
|------------------------------|---------------------------------|---|-----------------------|

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR<br>AND RELATIONSHIP TO DEBTOR | DATE OF<br>PAYMENT | AMOUNT<br>PAID | AMOUNT<br>STILL OWING |
|--|--------------------|----------------|-----------------------|
|--|--------------------|----------------|-----------------------|

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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER | NATURE OF<br>PROCEEDING | COURT OR<br>AGENCY AND<br>LOCATION | STATUS OR<br>DISPOSITION |
|------------------------------------|-------------------------|------------------------------------|--------------------------|
|------------------------------------|-------------------------|------------------------------------|--------------------------|

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF PERSON FOR WHOSE<br>BENEFIT PROPERTY WAS SEIZED | DATE OF<br>SEIZURE | DESCRIPTION<br>AND VALUE<br>OF PROPERTY |
|--|--------------------|---|
|--|--------------------|---|

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#### 5. Repossessions, foreclosures and returns

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None  List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR OR SELLER | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION<br>AND VALUE<br>OF PROPERTY |
|---|--|---|
|---|--|---|

---

#### 6. Assignments and receivingships

None  a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF<br>ASSIGNMENT<br>OR SETTLEMENT |
|---------------------------------|-----------------------|---|
|---------------------------------|-----------------------|---|

None  b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND LOCATION<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION<br>AND VALUE<br>OF PROPERTY |
|----------------------------------|--|------------------|---|
|----------------------------------|--|------------------|---|

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#### 7. Gifts

None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF PERSON<br>OR ORGANIZATION | RELATIONSHIP<br>TO DEBTOR,<br>IF ANY | DATE<br>OF GIFT | DESCRIPTION<br>AND VALUE<br>OF GIFT |
|--|--------------------------------------|-----------------|-------------------------------------|
|--|--------------------------------------|-----------------|-------------------------------------|

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#### 8. Losses

None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a

joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|-----------------------------------|--|--------------|
|-----------------------------------|--|--------------|

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#### **9. Payments related to debt counseling or bankruptcy**

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE         | DATE OF PAYMENT,<br>NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|-----------------------------------|--|--|
| Debtor:<br>McGarragan Law Offices | 12/19/2014   | \$1,100.00   |

|  |           |        |
|--|-----------|--------|
| Access<br>633 W. 5th St. Suite 260001<br>Los Angeles, California 90071 | 12/9/2014 | \$9.00 |
|--|-----------|--------|

Joint Debtor:  
N/A

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#### **10. Other transfers**

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFeree,<br>RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY<br>TRANSFERRED AND<br>VALUE RECEIVED |
|---|------|--|
|---|------|--|

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|-------------------------------|------------------------|---|
|-------------------------------|------------------------|---|

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#### **11. Closed financial accounts**

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None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR<br>DIGITS OF ACCOUNT NUMBER,<br>AND AMOUNT OF FINAL<br>BALANCE | AMOUNT AND<br>DATE OF SALE<br>OR CLOSING |
|------------------------------------|---|--|
|------------------------------------|---|--|

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#### 12. Safe deposit boxes

None  List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF BANK OR<br>OTHER DEPOSITORY | NAMES AND ADDRESSES<br>OF THOSE WITH ACCESS<br>TO BOX OR DEPOSITORY | DESCRIPTION<br>OF<br>CONTENTS | DATE OF<br>TRANSFER<br>OR SURRENDER,<br>IF ANY |
|--|---|-------------------------------|--|
|--|---|-------------------------------|--|

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#### 13. Setoffs

None  List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF<br>SETOFF | AMOUNT<br>OF SETOFF |
|------------------------------|-------------------|---------------------|
|------------------------------|-------------------|---------------------|

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#### 14. Property held for another person

None  List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS<br>OF OWNER | DESCRIPTION AND<br>VALUE OF PROPERTY | LOCATION OF PROPERTY |
|------------------------------|--------------------------------------|----------------------|
|------------------------------|--------------------------------------|----------------------|

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#### 15. Prior address of debtor

None  If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

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#### 16. Spouses and Former Spouses

None  If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

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#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites. "

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME<br>AND ADDRESS | NAME AND ADDRESS<br>OF GOVERNMENTAL UNIT | DATE OF<br>NOTICE | ENVIRONMENTAL<br>LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME<br>AND ADDRESS | NAME AND ADDRESS<br>OF GOVERNMENTAL UNIT | DATE OF<br>NOTICE | ENVIRONMENTAL<br>LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR  
DISPOSITION

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**18 . Nature, location and name of business**

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS<br>OF SOCIAL-SECURITY<br>OR OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO<br>(ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF<br>BUSINESS | BEGINNING<br>AND<br>ENDING<br>DATES |
|------|---|---------|-----------------------|-------------------------------------|
|------|---|---------|-----------------------|-------------------------------------|

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

|      |         |
|------|---------|
| NAME | ADDRESS |
|------|---------|

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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

---

**19. Books, records and financial statements**

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

|                  |                         |
|------------------|-------------------------|
| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|

None

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

| NAME | ADDRESS |
|------|---------|
|------|---------|

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

| NAME AND ADDRESS | DATE ISSUED |
|------------------|-------------|
|------------------|-------------|

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## 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT<br>OF INVENTORY<br>(Specify cost, market or other<br>basis) |
|-------------------|----------------------|---|
|-------------------|----------------------|---|

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

| DATE OF INVENTORY | NAME AND ADDRESSES<br>OF CUSTODIAN<br>OF INVENTORY RECORDS |
|-------------------|--|
|-------------------|--|

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## 21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE OF STOCK OWNERSHIP |
|------------------|-------|--|
|                  |       |  |

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**22. Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|      |         |                    |

None  b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|                  |       |                     |

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**23 . Withdrawals from a partnership or distributions by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR | DATE AND PURPOSE<br>OF WITHDRAWAL | AMOUNT OF MONEY<br>OR DESCRIPTION<br>AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|   |                                   |  |

---

**24. Tax Consolidation Group.**

None  If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER-IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|                            |                                      |

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**25. Pension Funds.**

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to

- which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

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I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date January 14, 2015 Signature of Debtor s/Michael E White

Date January 14, 2015 Signature of Joint Debtor (if any) s/Rhonda A White

0 continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

In re Michael E White and Rhonda A White  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A – Debts secured by property of the estate.** (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

|   |   |
|---|---|
| Property No. 1  |   |
| <b>Creditor's Name:</b><br>Fifth Third Bank   | <b>Describe Property Securing Debt:</b><br>433 W. Clark St Freeport Il. 61032 |
| Property will be ( <i>check one</i> ):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |   |
| If retaining the property, I intend to ( <i>check at least one</i> ):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |   |
| Property is ( <i>check one</i> ):<br><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt   |   |

|   |   |
|---|---|
| Property No. 2  |   |
| <b>Creditor's Name:</b><br>Springleaf Financial Services  | <b>Describe Property Securing Debt:</b><br>2003 Chevy Silverado |
| Property will be ( <i>check one</i> ):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |   |
| If retaining the property, I intend to ( <i>check at least one</i> ):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |   |
| Property is ( <i>check one</i> ):<br><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt   |   |

|  |   |
|--|---|
| Property No. 3   |   |
| <b>Creditor's Name:</b><br>Superior Car Credit   | <b>Describe Property Securing Debt:</b><br>2007 Chevrolet Monte Carlo |
| Property will be ( <i>check one</i> ):<br><input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained  |   |
| If retaining the property, I intend to ( <i>check at least one</i> ):<br><input type="checkbox"/> Redeem the property<br><input type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |   |
| Property is ( <i>check one</i> ):<br><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt  |   |

|   |  |
|---|--|
| Property No. 4  |  |
| <b>Creditor's Name:</b><br>Springleaf Financial Services  | <b>Describe Property Securing Debt:</b><br>Windows |
| Property will be ( <i>check one</i> ):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |  |
| If retaining the property, I intend to ( <i>check at least one</i> ):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |  |
| Property is ( <i>check one</i> ):<br><input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt   |  |

**PART B – Personal property subject to unexpired leases.** (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

|   |                                  |
|---|----------------------------------|
| Property No. 1  |                                  |
| <b>Lessor's Name:</b><br>None   | <b>Describe Leased Property:</b> |
| Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                  |

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date: January 14, 2015

s/Michael E White

Signature of Debtor

s/Rhonda A White

Signature of Joint Debtor

Advanced Call Center Technologies, LLC  
PO Box 9091  
Gray, TN 37615-9091

AllianceOne Receivables Management, Inc.  
PO Box 3111  
Southeastern, PA 19398-3111

Allied Interstate LLC  
PO Box 4000  
Warrenton, VA 20188

ARM Accounts Receivable Management, INC.  
PO Box 129  
Thorofare, NJ 08086-0129

ARS National Services, Inc.  
PO Box 463023  
Escondido, CA 92046-3023

Associated Collectors, Inc.  
PO Box 1039  
Janesville, WI 53547-1039

Capital Management Services, LP  
698 1/2 South Ogden Street  
Buffalo, NY 14206-2317

Capital One Services, LLC  
P.O. Box 30285  
Salt Lake City, UT 84130

Capital One Bank USA NA  
PO Box 30281  
Salt Lake City, UT 84130

Capital One Services, LLC  
PO Box 70886  
Charlotte, NC 28272-9903

Capital One Services, LLC  
P.O. Box 30285  
Salt Lake City, UT 84130

CBA Collection Bureau  
25954 Eden Landing Road  
Hayward, CA 94545

Citibank New York State  
PO Box 7013  
Indianapolis, IN 46207

Client Services, Inc.  
3451 Harry S. Truman Blvd.  
St. Charles, MT 63301-4047

Comenity Bank/Kingsize  
PO Box 182789  
Columbus, OH 43218

Comenity Capital Bank c/o Bill Me Later  
PO Box 5138  
Timonium, MD 21094

Comenity Capital Bank/HSN  
PO Box 659709  
San Antonio, TX 78265-9707

Comenity Capital/DVDSBR  
PO BOX 182120  
Columbus, OH 43218

Dental Connections  
Applewhite IL PC  
2661 W. Stephenson St.  
Freeport, IL 61032

Dish Network  
DEPT 0063  
Palatine, IL 60055-0063

Diversified Consultants Inc.  
Dba DCI  
Jacksonville, FL 32256-0596

Exxonmobil  
5959 Las Colinas  
Irving, TX 75039-2298

FHN Memorial Hospital  
Central Business Office  
PO Box 857  
Freeport, IL 61032

Fifth Third Bank  
5050 Kingsley Dr.  
Cincinnati, OH 45227

First Source Advantage, LLC  
PO Box 628  
Buffalo, NY 14240-0628

Firstsource Advantage, LLC  
205 Bryant Woods South  
Amherst, NY 14228

Freedman Anselmo Lindberg, LLC  
1771 West Diehl RD  
Suite 150  
PO Box 3228  
Naperville, IL 60563-4947

GE Capital Retail Bank / Amazon  
P.O. Box 965013  
Orlando, FL 32896-5013

GECRB / JC Penney  
PO Box 965007  
Orlando, FL 32896-5007

GECRB / JC Penney  
PO Box 960090  
Orlando, FL 32896-0090

GECRB/ Amazon.com  
P.O. Box 960013  
Orlando, FL 32896

Leading Edge Recovery Solutions  
PO Box 129  
Linden, MI 48451-0129

LTD Financial Services  
7322 Southwest Freeway  
Suite 1600  
Houston, TX 77074-2053

MCM  
8875 Aero Drive  
Suite 200  
San Diego, CA 92123

MCM Midland Credit Management, Inc.  
8875 Aero Drive  
San Diego, CA 92123

Monarch Recovery Management, Inc.  
10965 Decatur Rd.  
Philadelphia, PA 19154-3210

Monroe Clinic  
2009 5th Street  
Monroe, WI 53566-1575

Nelson, Watson & Associates, LLC  
80 Merrimack Street, Lower Level  
Haverhill, MA 01830

NRC Nations Recovery Center, Inc  
6491 Peachtree Industrial Blvd  
Atlanta, GA 30360

PayPal Credit  
PO Box 105658  
Atlanta, GA 30348-5658

PayPal Credit  
PO Box 105658  
Atlanta, GA 30348-5658

PennCredit  
916 S. 14th St  
PO Box 988  
Harrisburg, PA 17108-0988

Portfolio Recovery  
120 Corporate Blvd.  
Norfolk, VA 23502

Premier Bankcard, Inc.  
3820 N. Louise Ave.  
Sioux Falls, SD 57107

Rockford Mercantile  
2502 S. Alpine Road  
Rockford, IL 61108

Rushmore Service Center  
PO Box 5508  
Sioux Falls, SD 57117-5508

SFC Of Illinois, L.P. d/b/a Security Fin  
423 West South Street  
Freeport, IL 61032

Springleaf Financial Services  
1888 S. West Ave  
Freeport, IL 61032

Superior Car Credit  
1404 W. Galena Ave  
Freeport, IL 61032

Synchrony Bank  
P.O. Box 965060  
Orlando, FL 52896

The Monroe Clinic Inc.  
515 22nd Avenue  
Monroe, WI 53566

Webbank/Fingerhut Credit  
215 S. State Street  
Suite 800  
Salt Lake City, UT 84111

United States Bankruptcy Court  
NORTHERN DISTRICT OF ILLINOIS

In re

**Michael E White and Rhonda A White**

Case No. \_\_\_\_\_

**Debtor**

Chapter **7** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |                    |
|---|--------------------|
| For legal services, I have agreed to accept .....           | \$ <u>1,100.00</u> |
| Prior to the filing of this statement I have received ..... | \$ <u>1,100.00</u> |
| Balance Due .....   | \$ <u>0.00</u>     |

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~-----
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.

January 14, 2015

*Date*

s/Laura L McGarragan

**Laura L McGarragan**  
*Signature of Attorney*

McGarragan Law Offices

*Name of law firm*